Remarks to the National Research Council study:
Assistance to the US Army Medical Research and Materiel Command with Preparation of a Risk Assessment for the Medical Countermeasures Test and Evaluation (MCT&E) Facility at Fort Detrick, MD

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I am Beth Willis, Chair of the Containment Laboratory Community Advisory Committee, which was established last November as a joint committee reporting to the City of Frederick, the Frederick Board of County Commissioners, and the citizens of Frederick. We were established following a recommendation in the 2010 NRC USAMRIID Safety. We are nine members of the community and two elected officials, and we work with liaisons from containment labs at Fort Detrick. Our scope includes health and safety matters associated with all government and private BSL-3 and 4 laboratories in Frederick County. The Committee, which is present this evening, represents a depth and breadth of professional, technical and community experience, including the management of high containment labs, nuclear safety, facility engineering, public health, and the history of the community's concerns with the lab expansion.

These comments speak to a number of key concerns that the community has repeatedly stated were not addressed or were minimally addressed in the EIS's and risk assessments conducted to date for labs being built at Fort Detrick. This NRC study is important to the community because it will be important for it to lead to a comprehensive, scientifically sound and adequate assessment of community risk for the MCT&E facility and the resulting expanded containment laboratory campus.

The following are eight areas we particularly hope the NRC study will address:

1. **The central importance of conducting a comparative analysis of risk at alternative locations.**

   Evaluating alternative locations with significantly differing population densities and geographic characteristics will serve to compare, contrast and highlight risk factors in Frederick County. But such comparisons will not be meaningful unless the risk scenarios themselves are comprehensive and thorough.

2. **The need for a programmatic risk assessment and plan that includes all of the labs now being built and planned at Fort Detrick.**

   The MCT & E facility was not included in public or official programmatic planning documents for NIBC/Fort Detrick. There is no reference to an

MCT&E facility in the cumulative impacts analysis contained in the EISs for NIAIDI's IRF, DHS's NBACC or the new USAMRIID facility. The plans for this facility were first mentioned in public in August 2010. Programmatic EISs should reflect all facilities and activities at a site.

3. **The importance of a cumulative risk assessment.**

   BSL-3 and 4 labs in the developing NIBC campus will by some federal estimates grow to more than ten times the square footage of the current USAMRIID facility. A significantly more complex environment is evolving with the addition of each new facility. Earlier EIS's spoke to possible impacts of simultaneous breakdowns of systems in different NIBC facilities, but not of cascading or non-simultaneous events.

   There is concern about the need to evaluate a variety of real-life scenarios where cascading physical, procedural and/or communication breakdowns among a variety of parties could lead to health and safety consequences for the community. Both the gulf oil spill and the current nuclear crisis in Japan speak to the reality of events sometimes escalating well beyond a hazard assessment's worst-case scenario. At the least, this new EIS needs to more deeply and rigorously address the potential cumulative impacts of the entire laboratory complex at Fort Detrick.

4. **Adequately assessing the risk of insider threat and malevolent intent.**

   Insider threat has been cited by the GAO as the most significant risk associated with the growth of biodefense laboratory capacity. Without regard to anyone's views about the outcome of the Anthrax letters case, this is a highly sensitive concern in Frederick County. Risks and impacts associated with insider sabotage or malevolent acts have been minimally assessed in prior EISs. It is an important component of a complete EIS.

5. **Adequately assessing the risk of external terrorist threat.**

   Prior EIS's stated that such a risk was remote and therefore could not be statistically evaluated. However, this is one of the primary concerns in the community, and indeed in communities throughout the country where facilities are located that represent significant targets for terrorism. Frederick's Health Department, Emergency Preparedness agencies, first responders and the federal government have recently conducted exercises testing response capability to a theoretical aerosolized anthrax attack. It will be difficult for the public to reconcile the importance of such an exercise, or even the choice of the exercise scenario with the absence of a risk assessment or impact evaluation about a potential terrorist attack on Fort Detrick.

6. **Addressing the potential cascading public health impacts of a laboratory acquired infection (LAI), when exposure is unknown to the worker, particularly involving pathogens that are transmissible human to human.**

   Of particular concern to the community is a thorough analysis of the primary, secondary and tertiary impacts of a scenario where a worker does not know they are infected with a pathogen transmissible human to human. The USAMRIID case of the Tularemia infection of 2009 represents such a scenario, in which the afflicted worker did not know she was infected, and moved through the community for weeks before the disease was diagnosed. While we understand that Tularemia is not directly infectious human-to-human, in a scenario with a disease that is directly transmissible what would be the consequences in the city, the schools, medical offices etc.? What is the capacity of local resources to respond to such an occurrence? Prior EIS's have not evaluated such a scenario.

7. **The importance of using laboratory accident data based upon accident reporting from the national pool of BSL-3 and 4 laboratories, not just from USAMRIID.**

   There are now many hundreds more operational BSL-3 and 4 laboratories than existed prior to 2001. Data about accidents, mishaps, and near misses are all important to informing risk and safety considerations. A wide data set of historical information will be more accurate and provide a more complete view than limiting the discussion primarily to USAMRIID's history as has been the case with all earlier EISs.

8. **Leveraging lessons learned from the Boston University NEIDLE risk assessment efforts.**

   The question of what constitutes an adequate and transparent set of risk scenarios for BSL-3 and 4 labs in a populated area has been the topic of intense review by the NRC, the courts and NIAID/Boston University for some years now. The differences between the BU laboratories and labs at Fort Detrick notwithstanding, there is much in this work that can and should be leveraged from and inform the hazard assessment for the MCT&E EIS.